



## 2018 City of Austin Community Survey

Thank you for taking the time to complete this important survey about services offered by City of Austin departments. Please circle the response that most closely matches your opinion. *Your responses will remain anonymous.* When you are finished, please return your survey in the postage-paid envelope addressed to ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061.

1. <b>Quality of Life.</b> Please rate your satisfaction with the following.		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	The City of Austin as a place to live	5	4	3	2	1	9
2.	The City of Austin as a place to work	5	4	3	2	1	9
3.	The City of Austin as a place to raise children	5	4	3	2	1	9
4.	The City of Austin as a place to retire	5	4	3	2	1	9
5.	The City of Austin as a place where I feel welcome	5	4	3	2	1	9
6.	Overall quality of life in the city	5	4	3	2	1	9

2. Which **TWO** of the items listed in Question 1 do you think are **MOST IMPORTANT** for the City to provide? [Write in your answers below using the numbers from the list in Question 1.]

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_

2a. If you are dissatisfied with any of the items listed in Question 1, why?

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3. <b>Economic Opportunity and Affordability.</b> Please rate your satisfaction with the following.		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	The City of Austin planning for growth	5	4	3	2	1	9
2.	Job opportunities that match my skills	5	4	3	2	1	9
3.	Access to quality child care you can afford	5	4	3	2	1	9
4.	Access to quality health care you can afford	5	4	3	2	1	9
5.	Access to quality mental health care you can afford	5	4	3	2	1	9
6.	Access to healthy food you can afford	5	4	3	2	1	9
7.	Access to quality housing you can afford	5	4	3	2	1	9
8.	Availability of affordable housing for low/moderate income families	5	4	3	2	1	9
9.	Overall quality of development review, permitting and inspection services	5	4	3	2	1	9
10.	Overall quality of planning and zoning services (e.g. comprehensive plan, neighborhood/small area plans, zoning)	5	4	3	2	1	9
11.	City's effort to promote and assist small, minority and/or women-owned businesses	5	4	3	2	1	9
12.	Overall quality of the Austin-Bergstrom International Airport	5	4	3	2	1	9
13.	Water and wastewater rates (cost)	5	4	3	2	1	9
14.	Value of services received from Austin Energy	5	4	3	2	1	9

4. Which **THREE** of the items listed in Question 3 do you think are **MOST IMPORTANT** for the City to provide? [Write in your answers below using the numbers from the list in Question 3.]

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

4a. If you are dissatisfied with any of the items listed in Question 3, why?

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5. <b>Health and Environment.</b> Please rate your satisfaction with the following.		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Overall quality of City parks and recreation	5	4	3	2	1	9
2.	Quality of City park facilities (recreation, senior, and nature centers)	5	4	3	2	1	9
3.	Overall quality of City-offered parks and recreation programs, leagues, or classes	5	4	3	2	1	9
4.	Ease of accessing parks from your home	5	4	3	2	1	9
5.	Access to City walking/biking trails	5	4	3	2	1	9
6.	Appearance of City park grounds	5	4	3	2	1	9
7.	Overall satisfaction with City swimming pools	5	4	3	2	1	9
8.	Cleanliness of city streets and public areas	5	4	3	2	1	9
9.	Cleanliness of your neighborhood	5	4	3	2	1	9
10.	Energy Conservation program	5	4	3	2	1	9
11.	Overall quality of wastewater services provided by Austin Water	5	4	3	2	1	9
12.	Overall management of stormwater runoff	5	4	3	2	1	9
13.	The water quality of lakes and streams	5	4	3	2	1	9
14.	Water Conservation programs within Austin	5	4	3	2	1	9
15.	Overall quality of drinking water provided by Austin Water	5	4	3	2	1	9
16.	Quality of residential garbage collection	5	4	3	2	1	9
17.	Quality of residential yard waste collection	5	4	3	2	1	9
18.	Household hazardous waste disposal service	5	4	3	2	1	9
19.	Bulky item pick-up/removal services	5	4	3	2	1	9
20.	Quality of residential curbside recycling services	5	4	3	2	1	9
21.	Animal services (e.g. shelter, adoptions, animal control)	5	4	3	2	1	9
22.	Overall quality of public health services provided by the City (social services, health services, immunizations and restaurant inspections)	5	4	3	2	1	9
23.	Shots for Tots and Big Shots program (immunizations)	5	4	3	2	1	9
24.	Medical assistance provided by Emergency Medical Services (overall quality of ambulance services)	5	4	3	2	1	9
Please rate your level of agreement with the following.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
25.	I have frequent contact with friends and neighbors outside of my home	5	4	3	2	1	9

6. Which **THREE** of the items listed in Question 5 do you think are **MOST IMPORTANT** for the City to provide? *[Write in your answers below using the numbers from the list in Question 5.]*

1st: \_\_\_\_ 2nd: \_\_\_\_ 3rd: \_\_\_\_

6a. ***If you are dissatisfied or disagree with any of the items listed in Question 5, why?***

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7. <b>Safety.</b> Please rate your level of satisfaction with the following statements:		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Overall quality of fire services	5	4	3	2	1	9
2.	Timeliness of Fire response to emergency location (How quickly firefighters respond to emergencies)	5	4	3	2	1	9
3.	Flood control efforts	5	4	3	2	1	9
4.	Timeliness of EMS response to emergency location	5	4	3	2	1	9
5.	Overall quality of police services	5	4	3	2	1	9
6.	Timeliness of emergency police response (How quickly police respond)	5	4	3	2	1	9
7.	Enforcement of local traffic laws	5	4	3	2	1	9
8.	Adequacy of street lighting in your community	5	4	3	2	1	9
9.	Enforcement of local codes and ordinances	5	4	3	2	1	9
10.	Overall quality of municipal court services (i.e. traffic and parking ticket processing, misdemeanor court cases, fine collection)	5	4	3	2	1	9
11.	Water and wastewater utility response time to emergencies	5	4	3	2	1	9
Please rate your level of agreement with the following.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
12.	I feel safe in my neighborhood during the day	5	4	3	2	1	9
13.	I feel safe in my neighborhood at night	5	4	3	2	1	9
14.	I feel safe in my home	5	4	3	2	1	9
15.	I feel safe walking alone downtown during the day	5	4	3	2	1	9
16.	I feel safe walking alone downtown at night	5	4	3	2	1	9
17.	I feel safe in my workplace	5	4	3	2	1	9
18.	I feel safe in city parks	5	4	3	2	1	9
19.	I feel prepared to help myself, my family, and my neighbors to respond to disasters and major emergencies	5	4	3	2	1	9
20.	I have access to information and education on disasters and other major emergencies	5	4	3	2	1	9
21.	I trust Austin Police Department (APD)	5	4	3	2	1	9
22.	I trust Austin Fire Department (AFD)	5	4	3	2	1	9
23.	I trust Emergency Medical Services (EMS)	5	4	3	2	1	9
24.	I am confident that in case of an emergency, my response will be delivered effectively	5	4	3	2	1	9
25.	I have sufficient knowledge and understanding of community laws, codes, and ordinances	5	4	3	2	1	9
26.	I feel I was treated fairly during my enforcement process (arrests, tickets, warnings, code violations)	5	4	3	2	1	9
27.	I feel I was treated fairly during my judicial process (traffic and parking ticket processing, fine collections, misdemeanor court case appearances)	5	4	3	2	1	9

8. **Which THREE of the items listed in Question 7 do you think are MOST IMPORTANT for the City to provide?** *[Write in your answers below using the numbers from the list in Question 7.]*

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

8a. ***If you are dissatisfied or disagree with any of the items listed in Question 7, why?***

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9. <b><u>Mobility.</u></b> Please rate your satisfaction with the following.		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Traffic flow on major highways (e.g. IH-35, MOPAC, US-183, 360, SH-71)	5	4	3	2	1	9
2.	Traffic flow on major City streets (e.g. Anderson Ln, Congress Ave, Lamar Blvd, Slaughter Ln, Martin Luther King Jr. Blvd., Riverside Dr.)	5	4	3	2	1	9
3.	Transportation options (aside from personal vehicle) to get around Austin (e.g. ride share, bus/train, bike, walk)	5	4	3	2	1	9
4.	Cost of transportation to get around Austin	5	4	3	2	1	9
5.	Timing of traffic signals on City streets	5	4	3	2	1	9
6.	On-street bicycle accessibility (The City's bicycle lane system/network)	5	4	3	2	1	9
7.	Off-street bicycle accessibility (The City's urban trail network)	5	4	3	2	1	9
8.	Overall maintenance of major City streets	5	4	3	2	1	9
9.	Condition of major City streets (e.g. Anderson Ln, Congress Ave., Lamar Blvd., Slaughter Ln., Martin Luther King Jr. Blvd., Riverside Dr.)	5	4	3	2	1	9
10.	Condition of streets in your neighborhood (residential streets)	5	4	3	2	1	9
11.	Mowing and trimming along City streets	5	4	3	2	1	9
12.	Pedestrian accessibility (availability and level of convenience of sidewalks and crosswalks)	5	4	3	2	1	9
13.	Overall maintenance of City sidewalks	5	4	3	2	1	9
14.	Condition of sidewalks in your neighborhood (if sidewalks exist)	5	4	3	2	1	9
Please rate your level of agreement with the following.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
15.	I feel safe traveling with other drivers on the road	5	4	3	2	1	9
16.	My travel time is predictable	5	4	3	2	1	9

**10. Which THREE of the items listed in Question 9 do you think are MOST IMPORTANT for the City to provide?** *[Write in your answers below using the numbers from the list in Question 9.]*

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**10a. If you are dissatisfied with any of the items listed in Question 9, why?**

11. <b><u>Culture and Lifelong Learning.</u></b> Please rate your satisfaction with the following.		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Overall quality of City libraries	5	4	3	2	1	9
2.	Materials at libraries	5	4	3	2	1	9
3.	Library programs	5	4	3	2	1	9
4.	Quality of cultural and learning services and programs in Austin (e.g. libraries, museums, cultural centers and events)	5	4	3	2	1	9
5.	Quality of the City's cultural and learning facilities (e.g. libraries, cultural centers, City museums)	5	4	3	2	1	9
6.	City-offered lifelong learning events, activities, and resources (Classes or learning materials)	5	4	3	2	1	9
Please rate your level of agreement with the following.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
7.	Austin is a place that honors and preserves my personal heritage	5	4	3	2	1	9

**12. Which THREE of the items listed in Question 11 do you think are MOST IMPORTANT for the City to provide?** *[Write in your answers below using the numbers from the list in Question 11.]*

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**12a. If you are dissatisfied with any of the items listed in Question 11, why?**

<b>13. Government that Works for All. Please rate your satisfaction with the following.</b>		Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Don't Know
1.	Overall quality of services provided by the City	5	4	3	2	1	9
2.	Overall quality of customer service provided by the City	5	4	3	2	1	9
3.	Services provided by the City's 3-1-1 assistance telephone number	5	4	3	2	1	9
4.	Overall effectiveness of communication by the City	5	4	3	2	1	9
5.	The City's effort to support dialogue between residents and government	5	4	3	2	1	9
6.	Civic engagement experience with the City	5	4	3	2	1	9
7.	The City's efforts to be fair	5	4	3	2	1	9
8.	The City's efforts to be transparent	5	4	3	2	1	9
9.	The City's efforts to support diversity by serving people equally regardless of their race, religion, ethnicity, age, or abilities	5	4	3	2	1	9
10.	Overall value that you receive for your City tax dollars and fees	5	4	3	2	1	9
11.	Overall quality of electric utility services provided by Austin Energy (e.g. electricity, solar rebates, electric plug-in vehicle)	5	4	3	2	1	9
12.	Austin Energy customer service	5	4	3	2	1	9
13.	Reliability of your electric service	5	4	3	2	1	9
14.	Water and wastewater utility customer service	5	4	3	2	1	9
15.	Online options for conducting business with the City (e.g. utility bill, permits, class registration)	5	4	3	2	1	9
16.	Condition of City facilities and buildings (e.g. clean, safe, accessible)	5	4	3	2	1	9
Please rate your level of agreement with the following.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
17.	Employees of the City of Austin are ethical in the way they conduct City business	5	4	3	2	1	9

**14. Which THREE of the items listed in Question 13 do you think are MOST IMPORTANT for the City to provide? [Write in your answers below using the numbers from the list in Question 13.]**

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

**14a. If you are dissatisfied with any of the items listed in Question 13, why?**

**15. Usage of City Services and Facilities.** Please CHECK ALL of the following services and facilities provided by the City of Austin that you or other members of your household have used during the past 12 months, unless otherwise noted.

- |  |  |
|--|--|
| <input type="checkbox"/> (01) City park  | <input type="checkbox"/> (15) Austin Public Health (e.g. social services, public health services)    |
| <input type="checkbox"/> (02) City walking/biking trail  | <input type="checkbox"/> (16) Visited Austin Animal Center   |
| <input type="checkbox"/> (03) City recreation program, leagues, or class   | <input type="checkbox"/> (17) Called 3-1-1   |
| <input type="checkbox"/> (04) City pool  | <input type="checkbox"/> (18) Called 9-1-1   |
| <input type="checkbox"/> (05) City recreation center (senior, nature centers)  | <input type="checkbox"/> (19) Contact with Austin Police Department                                  |
| <input type="checkbox"/> (06) City's bicycle lane system/network   | <input type="checkbox"/> (20) Contact with Austin Fire Department                                    |
| <input type="checkbox"/> (07) City's urban trail network   | <input type="checkbox"/> (21) Contact with Emergency Medical Services Department                     |
| <input type="checkbox"/> (08) Visited a City library facility  | <input type="checkbox"/> (22) Planning and Zoning department (zoning, neighborhood/small area plans) |
| <input type="checkbox"/> (09) Participated in a City library program   | <input type="checkbox"/> (23) City's Development Services department (permitting, inspections)       |
| <input type="checkbox"/> (10) Participated in a lifelong learning activity in the past 3 months (learning activity or class unrelated to work) | <input type="checkbox"/> (24) City provides electric service   |
| <input type="checkbox"/> (11) Attended a cultural event or program organized by the City in the past 6 months                                  | <input type="checkbox"/> (25) City provides garbage collection at your residence                     |
| <input type="checkbox"/> (12) Contact with City Municipal Court  | <input type="checkbox"/> (26) City provides your home with water and wastewater services             |
| <input type="checkbox"/> (13) Contact with City Code Enforcement   |  |
| <input type="checkbox"/> (14) Visited the Austin-Bergstrom International Airport   |  |

**Demographics** Our last questions are about you and your household. We ask these questions to ensure we reach all groups in Austin and to see if all residents are experiencing City services equitably. Your individual responses will remain anonymous.

**16. Approximately how many years have you lived in the City of Austin?** \_\_\_\_\_ years

**17. Which of the following best describes your age?**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> (1) 18-24 years | <input type="checkbox"/> (3) 35-44 years | <input type="checkbox"/> (5) 55-64 years | <input type="checkbox"/> (7) 75-84 years |
| <input type="checkbox"/> (2) 25-34 years | <input type="checkbox"/> (4) 45-54 years | <input type="checkbox"/> (6) 65-74 years | <input type="checkbox"/> (8) 85+ years   |

**18. How many children in each of the following age groups live in your household?** *[Write the number of children in each age group below, or circle "NONE."]*

Ages 0-5: \_\_\_\_\_ Ages 6-13: \_\_\_\_\_ Ages 14-17: \_\_\_\_\_ NONE *[Skip to Q19.]*

**18a. How many of the children in your household use childcare services such as daycare, after school programs, and/or camps?**

\_\_\_\_\_ children

**19. Which of the following best describes your race or ethnic background?** *[Check all that apply.]*

- |  |   |
|--|---|
| <input type="checkbox"/> (1) African American/Black                          | <input type="checkbox"/> (5) Middle Eastern |
| <input type="checkbox"/> (2) American Indian/Native American/Aleutian/Eskimo | <input type="checkbox"/> (6) White          |
| <input type="checkbox"/> (3) Asian/Pacific Islander                          | <input type="checkbox"/> (7) Other: _____   |
| <input type="checkbox"/> (4) Hispanic/Latino                                 |   |

**20. Which of the following best describes your ANNUAL household income?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> (1) Less than \$20,000  | <input type="checkbox"/> (3) \$40,000 - \$59,999 | <input type="checkbox"/> (5) \$80,000 - \$149,999 |
| <input type="checkbox"/> (2) \$20,000 - \$39,999 | <input type="checkbox"/> (4) \$60,000 - \$79,999 | <input type="checkbox"/> (6) \$150,000 or more    |

**21. Which of the following BEST describes your employment status?**

- ☐ (1) Employed full-time [Answer Q21a.]      ☐ (3) Student full-time      ☐ (5) Retired  
☐ (2) Employed part-time [Answer Q21a.]      ☐ (4) Student part-time      ☐ (6) Not currently employed

**21a. What is the zip code where you work (primary employment)?** \_\_\_\_\_

**22. What is your gender identity?**

- ☐ (1) Male      ☐ (2) Female      ☐ (3) Prefer to self-describe: \_\_\_\_\_

**23. Do you own or rent your home?**      ☐ (1) Own      ☐ (2) Rent

**24. What is your HOME zip code?** \_\_\_\_\_

**25. If there were ONE thing you could share with the Mayor regarding the City of Austin (any comment, suggestion, etc.), what would it be?**

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**26. Interest in a Focus Group or Online Panel. If you would be willing to participate in a focus group/on-line panel sponsored by the City of Austin to discuss some of the issues addressed in this survey, please provide your contact information below.**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**This concludes the survey – Thank you for your time!**

Please return your completed survey in the enclosed postage-paid envelope addressed to:  
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Your responses will remain anonymous. The information printed to the right will ONLY be used to help identify which areas of the City are having problems with city services. If your address is not correct, please provide the correct information. Thank you.